

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071431

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: MARI CLARK
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284413
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30694-00 6. County: WELD
7. Well Name: THISTLE DOWN B Well Number: 31-17
8. Location: QtrQtr: SENE Section: 31 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/08/2010</u>	Date of First Production this formation: <u>03/12/2010</u>
Perforations Top: <u>7002</u> Bottom: <u>7016</u>	No. Holes: <u>56</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC'D CODELL W/ 132,972 GAL SILVERSTIM & SLICKWATER WITH 277,705 #'S OF OTTAWA SAND</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/08/2010 Date of First Production this formation: _____

Perforations Top: 6722 Bottom: 7016 No. Holes: 104 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

COMMINGLE CODELL / NIOBRARA

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/19/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 147 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 147 Bbls H2O: 4 GOR: 14700

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 1450 Choke Size: 14/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6986 Tbg setting date: 03/11/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/08/2010 Date of First Production this formation: 03/12/2010

Perforations Top: 6722 Bottom: 6838 No. Holes: 48 Hole size: 73/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FRAC'D NIOBRARA W/ 174,258 GAL SILVERSTIM & SLICKWATER WITH 256,855 #'S OF OTTAWA SAND.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MARI CLARK

Title: REG. ANALYST II Date: 8/3/2010 Email MCLARK@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 12/16/2010

Attachment Check List

Att Doc Num	Name
2071431	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)